## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

or Fax (571)-273-2885

appropriate. All further indicated unless correct maintenance fee notifica	CO BEIGW OF OFFECTED OF	ng the Patent, advance of the Patent, advance of therwise in Block 1, by (	oc ree and robincally rders and notification of res) specifying a new corres	on FEB (il requi saintenance fees w pondence address;	real, si ill be n and/or	locks I through 5 sh tailed to the current (b) indicating a separ	tould be completed where correspondence address as rate "FEE ADDRESS" for	
CURRENT CORRESPOND	Feet papi	Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.						
75074		/2918						
NOVARTIS II 220 MASSACE CAMBRIDGE,	NSTITUTES FOR IUSETTS AVENUE MA 02139	BIOMEDICAL F	ESEARCH, ING he Stap adds trans	Cers reby cersify that the res Postal Service we resed to the Mail research to the USP1	officate of section in the sufficient of the suf	of Mailing or Transn Transmittal is being cient postage for first SSUE FEE address 273-2885, on the da	nission deposited with the United t class mail in an envelope above, or being fitesimile are indicated below.	
							(Depositor's name)	
							(Signature)	
							(Date)	
APPLICATION NO.	PILING DATE	PULING DATE			ATTORNEY DOCKST NO		CONFIRMATION NO.	
10/585,615	10/585,615 06/09/2009		Gurdip Bhalay	Bhalay		608-US-PCT	4692	
<i></i>	<del></del>		CCR3-RECEPTOR ANT/					
APPLN, TYPE	SMALL ENTITY	issue fee dué	PUBLICATION FEE DUE	PREV. PAID ISSUE	FEE	TOTAL PEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1510	\$300	\$0		\$1810	06/11/2010	
EXAMINER		ART UNIT	CLASS-SUBCLASS					
COUGHLIN,	MATTHEW P	1626	514-424000	***************************************				
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  Thee Address' indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2. For printing on the patent front page, list  (1) the name of up to 3 registered patent attorneys or agents OR, alternatively.  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.					
PLEASE NOTE: Un- recordation as set fort (A) NAME OF ASSI	less an assignee is identi fi in 37 CFR 3.11. Comp GNEE		I'HE PATENT (print or typ data will appear on the pa T a substitute for filing an a (B) RESIDENCE: (CITY	tent. If an assigne issignment, and STATE OR Co	OUNTR		cument has been filed for	
Nomais AG Basel, Sav				MITZERIAN	OMIRE			
Please check the appropr	iate assigner category or	categories (will not be pr	inted on the patent): 🔘	Individual 🖾 Cor	rporation	n or other private grou	up entity Government	
4a. The following fee(s) are submitted:  3d Issue Fee  3d Publication Fee (No small entity discount permitted)  1d Advance Order - # of Copies			b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)  A check is enclosed.  Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 2005 (enclose an extra copy of this form).					
5. Change in Entity Sta			, m. 1.					
	s SMALL ENTITY statu		Lb. Applicant is no long					
NOTE: The Issue Fee an interest as shown by the	d Publication Fee (if requeed State	uired) will, sot be accepte teg Patent and Trademark	d from anyone other than the Office.	e applicant; a regis	tered att	formey or agent; or the	e assignee or other party in	
Authorized Signature			Date JONE 0, 2010					
Typed or printed name								
Alexandria, Virginia 223	13-1450.	NO Esar Unac LON	m is required to obtain or ri 1,14. This collection is esti- depending upon the indivi- e Chef Information Office COMPLETED FORMS TO spond to a collection of info	THIS ALLINESS.	20%8	(D) Commissioner re	or ratems, r.O. Box 1450,	